

Videoconference Meeting Report June 19, 2007

A quorum equals 9 people. A quorum was present at this meeting.

Attendance

Present

Ann Dills
Bobby Edelen
Gary Fowler
Aunsha Hall
Theresa Mayfield
Tim McAdoo
Bruce Mullan
Monica Smith
Robert Stone
Paul Trickel
Deborah Wade
Krista Wood

KDPH Staff

Karin Bosh
David Clark
Sigga Jagne
Greg Lee
Stephen Ulrich

Representatives

none

Excused

Absent

Beth Harrison Prado
Charlie Kessinger
Michael Logsdon
Kathleen O'Malley

Guests

Jodi Davis
Renée White

Meeting Overview

David Clark, State Co-Chair welcomed everyone to the meeting.

ASTHO Webinar – Sigga announced that there will be a “webinar” on Novel Approaches to HIV in Corrections on Thursday, June 21, from 2:30 – 4:00 PM ET. The goal of the session is to provide a forum for public health professionals to learn about model practices and discuss cross-cutting issues related to HIV testing in correctional-public health programs. This is a part of the Association of State and Territorial Health Officials' Prison Project call series. The Branch will have several staff participating.

KHPAC Policy Analyst Position – Sigga announced that the position is now closed. Eight applications have been received. Hopefully will fill position by the end of July (may take longer).

KHPAC ground rules were read by Robbie Stone.

Update of Year End Report – Paul Trickle reported the need to research more on the issue of condom distribution in junior and senior high schools, and appropriate youth education programs. He talked with Renée White about the curricula available in Kentucky for schools. They cannot use any federal funds and then use programs that are not abstinence-based. Kentucky law mandates sex education in schools, but this is not always done. School administrators (usually health/PE teachers) are not comfortable with the information. A Kentucky principal threatened a teacher's job who had answered students' condom questions. Local support is critical; otherwise more resistance will be encountered.

Ann agreed, but said that studies show that abstinence-only programs don't work. Regardless, non-abstinence-only courses will have to be paid for with other funds (because they'll lose their Federal Funds otherwise). It is up to local site-based councils. Could use uniform rules statewide to include better information than what is in abstinence-only models. Ann also said that her understanding is that if you receive federal funding for sex education, it must be abstinence-only. Otherwise the funds will be pulled if they do any other programs.

Krista was concerned that working openly with schools may jeopardize them. Possibly work with student groups. Maybe we need to work on youth advocacy groups. Look for ways outside of schools to education youth.

Paul: We need to look at ways to advocate to federal legislators to reconsider this abstinence-only approach. We'll have to have superintendents and administration people as allies.

Bruce: Have we made contact with the PTA? Ann: We're no where yet with that. We need to invite them to meet with us.

Paul: The biggest struggle for many teachers are their administrators. David added that this is not only about 'public health' ... it is very political. Robbie: Then let's don't back down. We need to make an impact statement on this.

Paul: Yes, we need this in our year-end report. Include the state mandate for sex education (which includes preventive measures). Attach this to our concerns. State legislation may not be able to have much impact.

Robbie: Let's include some information from the Youth Risk Behavior Survey (YRBS) information.

Ann: I can work up a statement (with Paul) to enforce state sex education mandates. Paul asked Ann to bring this to the July meeting.

Paul: We need a draft of all the year-end reports at the July meeting:

1. Report on last year's recommendations
2. Response to SB201

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Deborah Wade – Physicians are in agreement to shorten counseling in order to expand testing. Patients may opt out of testing of course, but we need a brief way to counsel.

Robbie: Dr. Huang says it works in Louisville. They wait until they get a positive before collecting information (often will have a care coordinator on hand before post-testing).

Sigga: We're working with STD, etc. on this now. We must be careful to not forget current statutes regarding counseling. Unclear why law only applies to public health setting. Sigga will follow up with Dr. Humbaugh on the legal interpretation of "public testing centers."

Robbie: Dr. Huang would get with Deborah Wade to come up with policy statement. Deborah said they don't have an exact statement, although they have concerns. They'll be in on the ASTHO conference call this Thursday.

Needs Assessment Update – David Clark reported the survey has been created, and that it will leave the print shop today. They'll be mailed out by the end of the week (or early next week) to the distribution sites.

Bruce: Asked if Hepatitis C information was not in the original draft, did it make it into the final draft? David said he'd take a look to see, however all recommendations were considered. Many minor tweaks were done. Bruce: Can we get copies at the next meeting? David: Yes.

Bylaws/Policies and Procedures – Ann reported that the committee had not made any progress yet. Will try to have document ready at next meeting.

HPLS reports – Bobby said that HPLS renewed his commitment to community planning. Looked at ways that displaced hurricane victims can be brought back to care without violating HIPAA. Bobby listed the sessions that he attended, and offered to discuss more if any member wants to contact him.

Gary Fowler's connection was lost, so no report available.

Discuss TA – Sigga said that CDC was going to provide us with TA on prioritization on July 16th (still waiting for confirmation). Also, we will teleconference with Dr. Jeff Jones on August 8th. Stephen will solidify dates and send out reminders. No date has been established yet for the cross cultural sensitivity/privilege TA with Mahjabeen Rafiuddin.

Resource Inventory – Stephen: Taken from 2007 plan. Had previously asked us to review. If agency needs updates, please e-mail him with these at Stephen.Ulrich@ky.gov. Paul said he never received the e-mail about the resource inventory. Robbie: Western Kentucky information is alright. JPGs and GIFs don't come through on some e-mails. Ann said that she and Aunsha will review the Lexington information. Ann asked why prioritized populations don't match AVOL's

contract. Sigga and Stephen replied that contracts are still a bit behind our current terminology.

Membership Updates – Physician Participation – David: We need to revisit the issue of how we can get doctors to KHPAC. Do we use their time wisely? Are we creating issues that aren't really there? Suggestions?

Robbie: Would like to see regulations change so that we don't have to encumber doctors. Get a physician group to respond when needed.

Ann: Need to get them here without special rules.

Bobby: Would this have to be a legislative change? Sigga: Yes. Statute regulates that physicians be included in KHPAC.

Paul: We have current vacancies, don't need to change legislation. Not worth it until KHPAC is full.

Robbie: Three required positions: Commissioner for Public Health, Medicaid Commissioner, and "a physician."

David: We could 'relax' attendance requirements.

Paul: We need a way to attract doctors to an ad hoc committee. Work separately as a group and bring stuff to us when they need to. Reluctant to add anyone to council with a different set of rules. Let's talk to doctors about what works best for them.

Sigga: Don't we allow representatives to attend (but not vote)? Robbie: Yes. There is no limit as to how many proxies are allowed.

Krista: Doctors are more likely to be involved with action groups, not advocacy groups. We need 2 realms of membership. Doctors just can't juggle it all.

Tim: Can we have this set up as a consultant group? David: Who decides? Tim: The more nimble (small) the group to decide, the better.

Sigga recommended having the KHPAC policy analyst look into how other states deal with this (rather than restructuring KHPAC).

Paul will come up with some ideas for KPHAC and will present at the August meeting. Please contact him with ideas at paul.trickel@ky.gov. We'll add this to the August agenda for 20 – 30 minutes.

Membership Updates – Applications – David said that we have 4 applications to review soon. We also have 3 applicants who are still waiting for gubernatorial approval.

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Parking Lot Issues – Renée White joined meeting after the initial Year-End Report discussions. She said that all local health departments have now had their federal abstinence funding pulled. So it's harder than ever to get non-abstinence programs.

Robbie: Who do the Targeted health departments report to? Stephen: Me. I review requests with the Branch's help. We have just recently funded 5 for next year. Robbie: Does any of it go to public school education? Stephen: It's up to them; they can go outside KHPAC prioritized populations (e.g. youth in corrections, etc.)

Bruce: Can we get the Needs Assessment cost information as discussed at last meeting? Greg: I'll get this information out to the group. (Update: Kentucky's Prevention and Services Programs have jointly contracted with Dr. Jeff Jones for a total of \$35,500. Of that amount, \$14,500 is coming from the CDC Prevention Grant's needs assessment piece, and the remaining \$21,000 is coming from the HRSA Ryan White Title II Grant).

Meeting adjourned.